

Gastrosocopy with Oesophageal Dilatation

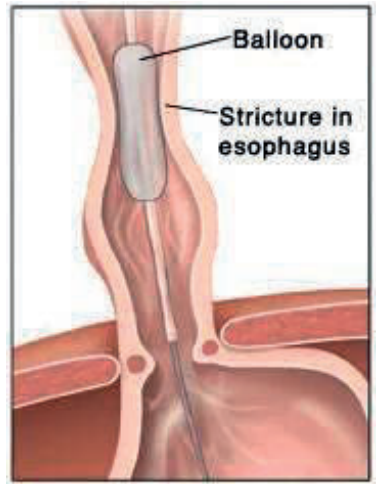
An Information Guide

**Advice Leaflet
Medical Division**

What is oesophageal dilatation?

Oesophageal dilatation is an endoscopic procedure to stretch open a narrowing of the oesophagus (gullet). The procedure is carried out during a gastroscopy (endoscopic camera that is able to visualise the oesophagus, stomach and small intestine).

An instrument called a balloon dilator is passed via the gastroscope and inflated inside the narrowing of the oesophagus to stretch it open. Once the narrowing has been stretched open adequately the balloon is then deflated and removed.



You may need to return to have this procedure repeated a few times until the narrowing has been adequately stretched. We use different sizes of balloons to reach the right size to improve your symptoms. X-ray equipment is sometimes used to help.

Are there any risks?

As with every medical procedure, there are some risks involved. Please be reassured that your doctor would only have recommended a gastroscopy and dilatation if the benefit from the procedure clearly outweighs these small risks. Any complications could mean that you need to stay in hospital for treatment.

There is a small risk of bleeding or of making a small hole (called a perforation) in the oesophagus, which may require surgery. The risk of this happening is as follows:

- About 1 in 100 patients with a benign oesophageal stricture
- About 1 in 50 in patients with achalasia (a certain type of gullet problem)

- About 1 in 10 in patients with an oesophageal cancer.
- About 1 in 8 patients with achalasia have chest pain for several hours
- Reaction – to any sedation or painkillers used. This can be resolved by the use of other drugs.
- Damages – to dental work, loose or crowned teeth.

Severe complications are rare, but may require emergency surgery, blood transfusions or, in extremely rare circumstances, result in death.

Are there any alternatives to this procedure?

This procedure is the best way of improving your ability to eat and drink. The only alternative would involve major surgery and much higher risks. The decision is yours whether you have a gastroscopy and dilatation. However, without this procedure your doctor may be unable to improve your ability to eat and drink.

What should I expect during the procedure?

You will be taken into an interview room where you will have your medical history taken by the nurse, the procedure explained and have the opportunity to ask questions.

The Endoscopist will come and go through a consent form with you and again allow the opportunity for questions. The Endoscopist will discuss the option of sedation with you during the consent process.

Then you will be taken into the procedure room. A checklist will be done by the room staff to ensure safety. If you have any dentures, you will be asked to remove them at this point. You may have your throat sprayed with a local anaesthetic before the procedure begins. You will then be asked to lie on your left side.

Any remaining teeth will be protected by a small plastic mouth guard, which will be placed between your teeth/ gums through which the gastroscop is passed. You will be given oxygen through small tubes into your nostril. In order to monitor your heart rate and breathing the nurse looking after you will place a probe onto one of your fingers.

Sedation will be given through a small cannula to help you relax, but you will not be completely asleep (this is not a general anaesthetic). This cannula will be removed prior to discharge.

The Endoscopist will introduce the gastroscop gently into your mouth and down into your oesophagus. You may gag slightly; this is quite normal and does not affect your breathing. Your stomach will be gently inflated with air to expand it so that the lining can be seen clearly which may make you burp and belch a little. Most of the air is taken out as the scope is removed.

When the dilator is passed you may feel some pressure at the back of your throat. Any saliva you produce will be removed with a small suction tube, similar to that used at the dentist. A nurse will be with you throughout your procedure giving you guidance and support. The procedure may take 15-30 minutes to perform.

What preparation is required?

Diabetes

If you are taking medication or insulin please follow the advice that is attached to your appointment letter.

Medication to thin your blood

If are taking any medication to thin your blood please follow the advice you have been given or contact the endoscopy unit for advice.

Current medication

Please bring a list of any current medication and any inhaler or angina sprays that you use.

Nil by mouth

To allow a clear view during the procedure the stomach must be empty. It is important that you that you do not have anything to eat for at least 6 hours prior to your appointment time. You may have sips of water only up to 2 hours prior to your procedure.

Note – if being dilated for a condition called Achalasia, you will need to be clear fluids only for 24 hours prior to procedure.

What happens afterwards?

Once completed, the nurse caring for you during your procedure will take you to the recovery area where you will rest until fully recovered. Maintaining the privacy and dignity of our patients is important to us; the recovery area is divided into separate areas for male and female patients.

If you have had sedation you will be monitored until you are discharged home.

The following instructions may vary depending on the Endoscopist who has carried out the procedure.

You will stay nil by mouth for 1 hour post procedure, then have sips of water. Following this you will be assessed for safety. If concerns are noted, you may need to have an X-ray to monitor the situation to ensure safety prior to discharge.

If you have no signs of distress, you may have a lukewarm drink after 15 minutes. The recovery time is usually 2 hours.

On discharge a liquidised diet may be advised for the next 48 hours, followed by a soft diet thereafter, until you are able to resume a normal diet. This again may vary depending on the Endoscopist.

Over the counter soluble pain relief may be required at home following the procedure.

You might need to come for regular dilatations for a short period depending on your condition.

What happens when I am ready for discharge?

Diet and medication

You will also be advised about your diet and medication on discharge from the endoscopy unit.

Results

The nursing staff looking after you will speak with you prior to discharge. A report of the examination will be given to yourself and a copy sent to your GP.

Discharge arrangements

If you have sedation: it is essential that a responsible adult comes to collect you from the unit. They must stay with you for 12 hours to make sure you don't have any problems. If you have no one to stay with you, you must contact Endoscopy booking office on the telephone number stated on your appointment letter.

For 24 hours following sedation you should not:

- Drive a car
- Sign any legal binding document
- Drink alcohol
- Operate machinery

A discharge sheet will be given to you prior to leaving the unit which will contain all relevant information.

Contact numbers

If you have any questions regarding the test please ring the Endoscopy Unit at the hospital where you are going to have the test.

Royal Blackburn Teaching Hospital – 01254 733191

Burnley General Teaching Hospital – 01282 805117

Rosendale Primary Health Care Centre – 01706 235359

Cancellations

If you are unable to keep this appointment, please let us know as soon as possible on the above phone numbers. This will allow us to give your appointment to another patient and rearrange another one for you.

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www.midwestgjihealth.com/esophageal-dilation

Our Service

If you have any further questions about your condition, treatment or procedure please telephone:

Emergency Department:	01254 734023	Royal Blackburn Teaching Hospital
Urgent Care Centre:	01254 734023	Royal Blackburn Teaching Hospital
Urgent Care Department:	01282 804050	Burnley General Teaching Hospital
Minor Injuries Unit:	01254 359036	Accrington Victoria Hospital
Main Hospital Switchboard:	01254 263555	East Lancashire Hospitals NHS Trust

If you require this document in an alternative format or language, please contact 01282 803541

Polish

W celu otrzymania tego dokumentu w innym formacie lub języku, prosimy o kontakt z

Punjabi

ਜੇ ਤੁਸੀਂ ਇਸ ਦਸਤਾਵੇਜ਼ ਨੂੰ ਕਿਸੇ ਵਿਕਲਪਿਕ ਫਾਰਮੈਟ ਜਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਲੋੜੀਂਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸੰਪਰਕ ਕਰੋ

Urdu

اگر آپ کو اس دستاویز کی ایک متبادل شکل (فارمیٹ) یا زبان میں ضرورت ہے تو براہ مہربانی رابطہ کریں

Bengali

আপনি যদি এই প্রচারপত্রটি অন্য কোন আকারে বা অন্য ভাষায় চান, তাহলে যোগাযোগ করবেন

Romanian

Dacă aveți nevoie de acest document într-un format sau limbă alternativă, vă rugăm să contactați

Lithuanian

Norint gauti šį dokumentą kitu formatu ar kita kalba, prašome susisiekti su mumis

The Customer Relations Team can be contacted by patients, carers and their families who require help with problems or have concerns about services provided by East Lancashire Hospitals NHS Trust. Please telephone: 0800 587 2586 – there is a facility to leave a message on this number.

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